

05/31/01 31057 U.S. PTO

06-01-01

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PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	
	First Inventor	Edlin Solomon
	Title	Bipolar static induction transistor
	Express Mail Label No.	


APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
3. <input checked="" type="checkbox"/> Specification [Total Pages 6x3] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3x3]	
5. Oath or Declaration [Total Pages 2x3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) b. <input type="checkbox"/> (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

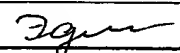
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____
Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below	
Name	Edlin Solomon		
Address	st. Shapira 5/3		
City	Rishon Le Zion	State	
Country	Israel	Telephone	058-454298
		Zip Code	95120
		Fax	

Name (Print/Type)	EDLIN SOLOMON	Registration No. (Attorney/Agent)	
Signature		Date	5.30.2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)**485****Complete if Known**

Application Number	
Filing Date	
First Named Inventor	<i>Edlin Solomon</i>
Examiner Name	
Group Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	<i>1646782</i>
Deposit Account Name	<i>Edlin Solomon</i>

- ☒
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☒
- Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710 201 355		Utility filing fee	<i>355</i>
106 320 206 160		Design filing fee	
107 490 207 245		Plant filing fee	
108 710 208 355		Reissue filing fee	
114 150 214 75		Provisional filing fee	

SUBTOTAL (1) (\$)**355****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Claims	-3** =	X	
Multiple Dependent			

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18 203 9		Claims in excess of 20
102 80 202 40		Independent claims in excess of 3
104 270 204 135		Multiple dependent claim, if not paid
109 80 209 40		** Reissue independent claims over original patent
110 18 210 9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130 205 65		Surcharge - late filing fee or oath	
127 50 227 25		Surcharge - late provisional filing fee or cover sheet	
139 130 139 130		Non-English specification	<i>130</i>
147 2,520 147 2,520		For filing a request for <i>ex parte</i> reexamination	
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840*		Requesting publication of SIR after Examiner action	
115 110 215 55		Extension for reply within first month	
116 390 216 195		Extension for reply within second month	
117 890 217 445		Extension for reply within third month	
118 1,390 218 695		Extension for reply within fourth month	
128 1,890 228 945		Extension for reply within fifth month	
119 310 219 155		Notice of Appeal	
120 310 220 155		Filing a brief in support of an appeal	
121 270 221 135		Request for oral hearing	
138 1,510 138 1,510		Petition to institute a public use proceeding	
140 110 240 55		Petition to revive - unavoidable	
141 1,240 241 620		Petition to revive - unintentional	
142 1,240 242 620		Utility issue fee (or reissue)	
143 440 243 220		Design issue fee	
144 600 244 300		Plant issue fee	
122 130 122 130		Petitions to the Commissioner	
123 50 123 50		Processing fee under 37 CFR 1.17(q)	
126 180 126 180		Submission of Information Disclosure Stmt	
581 40 581 40		Recording each patent assignment per property (times number of properties)	
146 710 246 355		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710 249 355		For each additional invention to be examined (37 CFR § 1.129(b))	
179 710 279 355		Request for Continued Examination (RCE)	
169 900 169 900		Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**130****SUBMITTED BY**Name (Print/Type) *EDLIN SOLOMON*Registration No.
(Attorney/Agent)**Complete (if applicable)**Telephone *058-454298*Signature *Edlin Solomon*Date *5.30.2001***WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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